

AMENDED IN SENATE JUNE 4, 2007
AMENDED IN SENATE MAY 2, 2007
AMENDED IN SENATE APRIL 18, 2007
AMENDED IN SENATE MARCH 27, 2007

SENATE BILL

No. 851

**Introduced by Senators Steinberg and Romero
(Coauthors: Senators Alquist and Kuehl)**

February 23, 2007

An act to add Sections 2686 and 2982 to, to add Article 3.5 (commencing with Section 2687) to Chapter 4 of Title 1 of Part 3 of, and to add Chapter 2.73 (commencing with Section 1001.130) to Title 6 of Part 2 of, the Penal Code, and to amend Sections 5806 and 5814 of the Welfare and Institutions Code, relating to mentally ill offenders.

LEGISLATIVE COUNSEL'S DIGEST

SB 851, as amended, Steinberg. Mentally ill offenders.

Existing law provides for the diversion of specified criminal offenders in alternate sentencing and treatment programs.

This bill would authorize superior courts to develop and implement mental health courts, as specified, ~~for offenders suffering from serious mental illness against whom a complaint or citation for a misdemeanor or felony offense is pending which may operate as a preguilty plea program and deferred entry of judgment program. This bill would require each court, with the input of local stakeholders, to establish a method for assessing every defendant for serious mental illness and cooccurring disorders at the time a complaint or citation is filed for a misdemeanor or felony offense and establish case eligibility criteria specifying what factors relating to the amenability of the defendant to~~

~~treatment and to the facts of the case will make the defendant eligible to participate in a mental health court.~~ This bill would also allow parolees to participate in mental health courts, as specified.

~~This bill would also require each mental health court to report to the Department of Corrections and Rehabilitation.~~ Because this bill would change the punishment for commission of various crimes and would require local officials to provide a higher level of service, this bill would impose a state-mandated local program.

Existing law provides for the allocation of state funds to counties for mental health programs.

This bill would make various statements of legislative findings and intent regarding the need to provide mental health and related services to parolees. ~~This bill would require all parolees with serious mental illness to receive comprehensive mental health and supportive services, as specified. This bill would require the Department of Corrections and Rehabilitation to create a pilot program to provide comprehensive mental health and supportive services to 100 parolees with a serious mental illness in each of 3 separate regions, as specified.~~ This bill would provide that the department may contract with counties or private providers for these services.

~~This bill would state the intent of the Legislature to encourage each correctional facility to implement a system of care, as described, for the delivery of mental health services to parolees who have serious mental illness.~~

This bill would require the Department of Corrections and Rehabilitation in consultation with the State Department of Mental Health to establish service standards that ensure that parolees who have serious mental illness are identified, and services provided to assist them to be able, upon release, to live independently, work, and reach their potential as productive citizens, as specified. ~~This bill would require the State Department of Mental Health to provide training, consultation, and technical assistance for facilities and programs, as specified.~~

This bill would provide that funding, based on specified criteria, at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to these provisions with the medically necessary mental health services shall be provided, but that the portion of those costs of services that can be paid for with other funds, including other mental health funds, public and private insurance, and other local, state, and federal funds shall not be covered.

This bill would require the Department of Corrections and Rehabilitation to establish an advisory committee for the purpose of providing advice regarding the development of the identification of specific performance measures for evaluating the effectiveness of programs. This bill would require the department, in consultation with the advisory committee, to provide in a report to the Legislature, submitted on or before May 1 of each year in which additional funding is provided, an evaluation of the effectiveness of the strategies for parolees in reducing homelessness, recidivism, involvement with local law enforcement, and other measures identified by the department.

~~This bill would provide that in order to reduce the cost of providing supportive housing for clients, parolee outpatient clinics shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible.~~

~~Existing law provides that there is within the Department of Corrections and Rehabilitation the Council on Mentally Ill Offenders, the goal of which is to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders, or who have a history of offending, by considering strategies that improve service coordination among state and local mental health, criminal justice, and juvenile justice programs, as specified. Existing law also provides a procedure whereby, if, in the opinion of the Secretary of the Department of Corrections and Rehabilitation, the rehabilitation of any mentally ill, mentally deficient, or insane person confined in a state prison may be expedited by treatment at any one of the state hospitals, he or she may have that person evaluated to determine if he or she would benefit from care and treatment in a state hospital.~~

~~This bill would require the department to provide training for all persons who will be responsible for the management and care of persons with serious mental illness in its custody to ensure that they are trained in recovery oriented rehabilitative services and that those services are provided in prison. This bill would also require the department to ensure that all its correctional officers are trained in dealing with inmates with serious mental illness.~~

~~Existing law requires, as a condition of parole, that a prisoner who has a treatable, severe mental disorder that was one of the causes of, or was an aggravating factor in, the commission of the crime for which he or she was incarcerated, be treated by the State Department of Mental Health, as specified.~~

~~This bill would require the Department of Corrections and Rehabilitation to apply for social security and Medi-Cal benefits for a prisoner with a severe mental illness who is considered disabled, and to begin vocational training, independent living assistance, and development of other skills necessary for success at least 6 months before his or her discharge. This bill would also require the department to coordinate with a program that will continue the medications and support services provided to the prisoner by the department after the period of incarceration, in the last 90 days before release of a prisoner with serious mental illness.~~

This bill would make other conforming changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. This act shall be known, and may be cited, as the
2 Corrections Mental Health Act of 2007.

3 SEC. 2. Chapter 2.73 (commencing with Section 1001.130) is
4 added to Title 6 of Part 2 of the Penal Code, to read:

5

6 CHAPTER 2.73. DIVERSION OF MENTALLY ILL OFFENDERS

7

8 1001.130. ~~(a) Superior courts are hereby authorized to develop
9 and implement mental health courts consistent with this section.~~

10 ~~(b) For purposes of this section, a mental health court shall have
11 the following objectives:~~

12 ~~(1) Increase cooperation between the courts, criminal justice,
13 mental health, and substance abuse systems.~~

1 ~~(2) Creation of a dedicated calendar that will lead to placement~~
2 ~~of as many mentally ill offenders, including those with cooccurring~~
3 ~~disorders, in community treatment, consistent with public safety.~~

4 ~~(3) Improve access to necessary services and support.~~

5 ~~(4) Reduce recidivism.~~

6 ~~(e) A mental health court shall provide a single point of contact~~
7 ~~where a defendant with a serious mental illness or cooccurring~~
8 ~~disorder may receive court-ordered treatment and support services~~
9 ~~in connection with a diversion from prosecution, a sentencing~~
10 ~~alternative, or a term of probation.~~

11 ~~(d) A mental health court shall meet the following criteria:~~

12 ~~(1) Defendants shall be referred to the mental health court by~~
13 ~~judges within the superior court, and any other sources approved~~
14 ~~by the court.~~

15 ~~(2) The court shall develop standards for continuing participation~~
16 ~~in, and successful completion of, the mental health court program~~
17 ~~through a collaborative process with stakeholders.~~

18 ~~(3) In utilizing a dedicated calendar, each mental health court~~
19 ~~shall have designated staff that includes, but is not limited to, a~~
20 ~~designated judge to preside over the court, prosecutor, public~~
21 ~~defender, county mental health liaison, substance abuse liaison,~~
22 ~~and probation officer.~~

23 ~~(4) The county mental health department and drug and alcohol~~
24 ~~department shall provide initial and ongoing training for designated~~
25 ~~staff, as needed, on the nature of serious mental illness and on the~~
26 ~~treatment and supportive services available in the community.~~

27 ~~(5) The mental health court shall use community mental health~~
28 ~~providers and other agencies to offer defendants access to~~
29 ~~appropriate treatment services.~~

30 ~~(6) The mental health court shall establish a treatment plan for~~
31 ~~each defendant, based on a formal assessment of the defendant's~~
32 ~~mental health and substance abuse treatment needs, require the~~
33 ~~defendant to complete the recommended treatment plan, and any~~
34 ~~other terms and conditions that will optimize the likelihood that~~
35 ~~the defendant will complete the program.~~

36 ~~(7) The mental health court shall hold frequent reviews of the~~
37 ~~offender's progress in community treatment and hold the offender~~
38 ~~accountable to adhere to the treatment plan, remain in treatment,~~
39 ~~and complete treatment.~~

1 ~~(e) A mental health court shall contact the county mental health~~
2 ~~department to ensure that there is coordination and availability of~~
3 ~~the necessary mental health services, including management and~~
4 ~~evaluation of the success of those services.~~

5 ~~1001.131. Defendants suffering from serious mental illness~~
6 ~~shall be eligible to participate in a mental health court pursuant to~~
7 ~~this chapter if a complaint or citation for an offense is pending in~~
8 ~~superior court.~~

9 ~~1001.132. (a) Each court, with the input of local stakeholders,~~
10 ~~shall establish a method for assessing every defendant for serious~~
11 ~~mental illness and cooccurring disorders, at the time a complaint~~
12 ~~or citation is filed for a misdemeanor or felony offense, or at~~
13 ~~another specified time determined most appropriate by local~~
14 ~~stakeholders to consider transferring the defendant to a mental~~
15 ~~health court.~~

16 ~~(b) Each court shall, with the input of stakeholders, establish~~
17 ~~case eligibility criteria specifying what factors relating to the~~
18 ~~amenability of the defendant to treatment and to the facts of the~~
19 ~~case as well as prior criminal history and mental health and~~
20 ~~substance abuse treatment history will make the defendant eligible~~
21 ~~to participate in a mental health court.~~

22 ~~(c) If the defendant is found to be suffering from serious mental~~
23 ~~illness, subsequent evaluation by the local mental health director~~
24 ~~or his or her designee shall determine whether the defendant is an~~
25 ~~appropriate candidate for treatment under the county eligibility~~
26 ~~criteria established pursuant to subdivision (b).~~

27 ~~(d) If the defendant is found to be suffering from serious mental~~
28 ~~illness, the district attorney or other designee shall assess his or~~
29 ~~her case to determine whether it meets the county eligibility criteria~~
30 ~~established pursuant to subdivision (b).~~

31 ~~(e) If a defendant is determined to be suffering from serious~~
32 ~~mental illness, designated as treatment appropriate, and his or her~~
33 ~~case meets the county eligibility criteria, he or she may participate~~
34 ~~in a mental health court.~~

35 ~~1001.133. (a) The Department of Corrections and~~
36 ~~Rehabilitation shall identify parolees suffering from a serious~~
37 ~~mental illness, meaning a type of disorder as defined in paragraphs~~
38 ~~(2) and (3) of subdivision (b) of Section 5600.3 of the Welfare and~~
39 ~~Institutions Code, including parolees who have a pending case~~

1 before a superior court, as well as prisoners within 90 days of their
2 parole date.

3 ~~(b)–~~

4 1001.130. (a) Superior courts are hereby authorized to develop
5 and implement mental health courts.

6 (b) For purposes of this section, a mental health court has the
7 following objectives:

8 (1) Increase cooperation between the courts, criminal justice,
9 mental health, and substance abuse systems.

10 (2) Creation of a dedicated calendar that will lead to placement
11 of as many mentally ill offenders, including those with cooccurring
12 disorders, in community treatment, as is feasible and consistent
13 with public safety.

14 (3) Improve access to necessary services and support.

15 (4) Reduce recidivism.

16 (c) For purposes of this section, a mental health court has the
17 following characteristics:

18 (1) Leadership by a superior court judge assigned by the
19 presiding judge.

20 (2) Enhanced accountability by combining judicial supervision
21 with rehabilitation services that are rigorously monitored and
22 focused on recovery.

23 (3) A problem solving focus.

24 (4) A team approach to decisionmaking.

25 (5) Integration of social and treatment services.

26 (6) Judicial supervision of the treatment process, as appropriate.

27 (7) Community outreach efforts.

28 (8) Direct interaction between defendant and judge.

29 (d) In developing a mental health court, the presiding judge or
30 his or her designee shall convene the county stakeholders and,
31 through a collaborative process with county stakeholders, develop
32 a plan that is consistent with this section. The plan shall address
33 at a minimum the following components:

34 (1) The method by which the mental health court will ensure
35 that the target population of defendants will be identified and
36 referred to the mental health court.

37 (2) The method for assessing defendants for serious mental
38 illness and cooccurring disorders.

39 (3) Eligibility criteria specifying what factors will make the
40 defendant eligible to participate in a mental health court, including

1 *the amenability of the defendant to treatment and the facts of the*
2 *case, as well as prior criminal history and mental health and*
3 *substance abuse treatment history.*

4 *(4) The elements of the treatment and supervision programs.*

5 *(5) Standards for continuing participation in, and successful*
6 *completion of, the mental health court program.*

7 *(6) The need for the county mental health department and the*
8 *drug and alcohol department to provide initial and ongoing*
9 *training for designated staff on the nature of serious mental illness*
10 *and on the treatment and supportive services available in the*
11 *community.*

12 *(7) The process to ensure defendants will receive the appropriate*
13 *level of treatment services, based on available resources, from*
14 *county and community mental health providers and other local*
15 *agencies.*

16 *(8) The process for developing a treatment plan for each*
17 *defendant, based on a formal assessment of the defendant's mental*
18 *health and substance abuse treatment needs. Participation in the*
19 *mental health court would require defendants to complete the*
20 *recommended treatment plan, and comply with any other terms*
21 *and conditions that will optimize the likelihood that the defendant*
22 *will complete the program.*

23 *(9) A defendant's voluntary entry into the mental health court,*
24 *the right of a defendant to withdraw from the mental health court,*
25 *and the process for explaining these rights to the defendant.*

26 *(e) Defendants shall be referred to the mental health court by*
27 *judges within the superior court, and any other sources approved*
28 *by the court.*

29 *(f) In utilizing a dedicated calendar, each mental health court*
30 *team will include, but is not limited to, a designated judge to*
31 *preside over the court, prosecutor, public defender, county mental*
32 *health liaison, substance abuse liaison, and probation officer. The*
33 *mental health court team, led by the judge, will determine the*
34 *frequency of ongoing reviews of the progress of the offender in*
35 *community treatment in order to hold the offender accountable to*
36 *adhere to the treatment plan as recommended, remain in treatment,*
37 *and complete treatment.*

38 *(g) For purposes of this section, a mental health court may*
39 *operate as a preguilty plea program, wherein criminal proceedings*
40 *are suspended without a plea of guilty for designated defendants.*

If the court finds that the defendant is not performing satisfactorily in the assigned program, that the defendant is not benefitting from education, treatment, or rehabilitation, or that the defendant has engaged in criminal conduct rendering him or her unsuitable for the preguilty plea program, the court shall reinstate the criminal charge or charges. If the defendant has performed satisfactorily during the period of the preguilty plea program, at the end of that period, the criminal charge or charges shall be dismissed and the provisions of Section 1000.4 shall apply.

(h) For purposes of this section, a mental health court may operate as a deferred entry of judgment program. If the defendant is found eligible, the prosecuting attorney shall file with the court a declaration in writing or state for the record the grounds upon which the determination is based, and shall make this information available to the defendant and his or her attorney. This procedure is intended to allow the court to set the hearing for deferred entry of judgment at the arraignment. If the defendant is found ineligible for deferred entry of judgment, the prosecuting attorney shall file with the court a declaration in writing or state for the record the grounds upon which the determination is based, and shall make this information available to the defendant and his or her attorney. The sole remedy of a defendant who is found ineligible for deferred entry of judgment is a postconviction appeal. If the prosecuting attorney determines that this section may be applicable to the defendant, he or she shall advise the defendant and his or her attorney in writing of that determination. This notification shall include the following:

(1) A full description of the procedures for deferred entry of judgment.

(2) A general explanation of the roles and authorities of the probation department, the prosecuting attorney, the program, and the court in the process.

(3) A clear statement that in lieu of trial, the court may grant deferred entry of judgment provided that the defendant pleads guilty to each charge and waives time for the pronouncement of judgment, and that upon the defendant's successful completion of a program the positive recommendation of the program authority and the motion of the prosecuting attorney, the court, or the probation department, the court shall dismiss the charge or charges

1 *against the defendant and the provisions of Section 1000.4 shall*
2 *apply.*

3 *(4) A clear statement that upon failure of treatment or condition*
4 *under the program the prosecuting attorney or the probation*
5 *department or the court on its own may make a motion to the court*
6 *for entry of judgment and the court shall render a finding of guilty*
7 *to the charge or charges pled, enter judgment, and schedule a*
8 *sentencing hearing.*

9 *(5) An explanation of criminal record retention and disposition*
10 *resulting from participation in the deferred entry of judgment*
11 *program and the defendant's rights relative to answering questions*
12 *about his or her arrest and deferred entry of judgment following*
13 *successful completion of the program.*

14 *(i) For purposes of this section a mental health court may*
15 *operate as a postguilty plea program wherein the defendant has*
16 *entered a guilty plea or has been sentenced and is on probation.*

17 *(j) No statement, or any information procured therefrom, made*
18 *by the defendant to any probation officer or mental health*
19 *treatment worker shall be admissible in any action or proceeding.*
20 *No statement, or any information procured therefrom, with respect*
21 *to the specific offense with which the defendant is charged, that is*
22 *made to any probation officer or mental health worker subsequent*
23 *to the granting of deferred entry of judgment, shall be admissible*
24 *in any action or proceeding, including a sentencing hearing.*

25 *1001.133. (a) The Department of Corrections and*
26 *Rehabilitation may contract with a superior court and county to*
27 *utilize mental health courts as a referral court for parolees with*
28 *serious mental illness who either violate the terms of parole or*
29 *receive new terms, as an alternative to custody.*

30 ~~(e)~~

31 *(b) If the parolee successfully completes the mental health court*
32 *program, parole or probation will end.*

33 ~~(d)~~

34 *(c) If the parolee fails to successfully complete the mental health*
35 *court program, he or she will be sentenced by the judge according*
36 *to existing law as to any case pending in the superior court and*
37 *the Department of Corrections and Rehabilitation will take any*
38 *action provided by law.*

39 ~~(e)~~

1 (d) The highest priority for referrals of offenders shall be given
2 to those offenders who are on active parole and have a pending
3 case in superior court.

4 ~~1001.134. Each mental health court shall report to the~~
5 ~~Department of Corrections and Rehabilitation, at a minimum, the~~
6 ~~savings in prison days, reduced homelessness, involvement with~~
7 ~~local law enforcement, costs of dual supervision by parole and~~
8 ~~probation, and other measures identified by the department~~
9 ~~resulting from implementation of the mental health court in a~~
10 ~~manner consistent with the present reporting system for the~~
11 ~~Comprehensive Drug Court Implementation Act of 1999 as~~
12 ~~codified by Article 2 (commencing with Section 11970.1) of~~
13 ~~Chapter 2 of Part 3 of Division 10.5 of the Health and Safety Code.~~

14 ~~SEC. 3. Section 2686 is added to the Penal Code, to read:~~

15 ~~2686. (a) The Department of Corrections and Rehabilitation~~
16 ~~shall provide training for all persons who will be responsible for~~
17 ~~the management and care of persons with serious mental illness~~
18 ~~in the custody of the department to ensure that they are trained in~~
19 ~~recovery oriented rehabilitative services and that those services~~
20 ~~are provided in prison.~~

21 ~~(b) The department shall ensure that all its correctional officers~~
22 ~~are trained in dealing with inmates with serious mental illness.~~

23 ~~SEC. 4.~~

24 ~~SEC. 3. Article 3.5 (commencing with Section 2687) is added~~
25 ~~to Chapter 4 of Title 1 of Part 3 of the Penal Code, to read:~~

26
27 Article 3.5. Parolee Mental Health
28

29 2687. (a) A system of care for parolees with serious mental
30 illness results in the highest benefit to the client, family, and society
31 while ensuring that the public sector meets its legal responsibility
32 and fiscal liability at the lowest possible cost.

33 (b) The underlying philosophy for these systems of care includes
34 the following:

35 (1) Mental health care is a basic human service.

36 (2) Seriously mentally ill parolees usually have multiple
37 disorders and disabling conditions.

38 (3) Seriously mentally ill parolees should be assigned a single
39 person or team to be responsible for all treatment, case
40 management, and support services.

1 (4) The client should be fully informed and volunteer for all
2 treatment provided, unless danger to self or others or grave
3 disability requires temporary involuntary treatment.

4 (5) Clients and families should directly participate in making
5 decisions about services and resource allocations that affect their
6 lives.

7 (6) Mental health services should be responsive to the unique
8 characteristics of people with serious mental illness including age,
9 gender, minority, and ethnic background, and the effect of multiple
10 disorders.

11 (7) Treatment, case management, and support services should
12 be designed to prevent inappropriate removal to more restrictive
13 and costly placements.

14 (8) Mental health systems of care shall have measurable goals
15 and be fully accountable by providing measures of client outcomes
16 and cost of services.

17 (9) State and county government agencies each have
18 responsibilities and fiscal liabilities for seriously mentally ill
19 parolees.

20 *(c) A mental health system of care for parolees with serious*
21 *mental illness is vital in providing greater benefit to parolees with*
22 *serious mental illness at a lower cost in California and should*
23 *encompass all of the following:*

24 *(1) A comprehensive and coordinated system of care including*
25 *treatment, early intervention strategies, case management, and*
26 *system components required by parolees with serious mental*
27 *illness.*

28 *(2) The recovery of persons with severe mental illness and their*
29 *financial means are important for all levels of government,*
30 *business, and the community.*

31 *(3) System of care services that ensure culturally competent*
32 *care for persons with serious mental illness in the most*
33 *appropriate, least restrictive level of care are necessary to achieve*
34 *the desired performance outcomes.*

35 *(4) Mental health service providers need to increase*
36 *accountability and further develop methods to measure progress*
37 *toward client outcome goals and cost effectiveness as required by*
38 *a system of care.*

39 *(d) The adult system of care model, begun in the 1989–90 fiscal*
40 *year through the implementation of Chapter 982 of the Statutes*

1 of 1988, provides models for parolees with serious mental illness
2 that can meet the performance outcomes required by the
3 Legislature.

4 (e) Therefore, using the guidelines and principles developed
5 under the demonstration projects implemented under the elder
6 system of care legislation in 1989, it is the intent of the Legislature
7 to accomplish the following:

8 (1) Encourage the Department of Corrections and Rehabilitation
9 Division of Adult Parole Operations to implement a system of care
10 as described in this article for the delivery of mental health services
11 to seriously mentally ill parolees.

12 (2) To promote a system of care accountability for performance
13 outcomes that enable parolees with serious mental illness to reduce
14 symptoms that impair their ability to live independently, work,
15 maintain community supports, care for their children, stay in good
16 health, not abuse drugs or alcohol, and not commit crimes.

17 (3) Provide funds for mental health services and related
18 medications, substance abuse services, supportive housing or other
19 housing assistance, vocational rehabilitation, and other nonmedical
20 programs necessary to stabilize mentally ill prisoners and parolees,
21 reduce the risk of being homeless, get them off the street and into
22 treatment and recovery, or to provide access to veterans' services
23 that will also provide for treatment and recovery.

24 ~~2687.1. All parolees with a serious mental illness shall receive~~
25 ~~comprehensive mental health and supportive services comparable~~
26 ~~to the case management and services available under Section 5806~~
27 ~~of the Welfare and Institutions Code as set forth in this article.~~

28 ~~2687.2. The Department of Corrections and Rehabilitation~~
29 ~~shall ensure the mental health needs of all parolees are met in~~
30 ~~accordance with community standards of mental health care. For~~
31 ~~those with serious mental illness, meaning a type of disorder, as~~
32 ~~defined in paragraphs (2) and (3) of subdivision (b) of Section~~
33 ~~5600.3 of the Welfare and Institutions Code, all services shall be~~
34 ~~in accordance with this article.~~

35 ~~2687.3. (a) The Legislature finds that a mental health system~~
36 ~~of care for parolees with serious mental illness is vital for~~
37 ~~successful management of mental health care in California and~~
38 ~~should encompass all of the following:~~

39 ~~(1) A comprehensive and coordinated system of care including~~
40 ~~treatment, early intervention strategies, case management, and~~

1 ~~system components required by parolees with serious mental~~
2 ~~illness.~~

3 ~~(2) The recovery of persons with severe mental illness and their~~
4 ~~financial means are important for all levels of government,~~
5 ~~business, and the community.~~

6 ~~(3) System of care services that ensure culturally competent~~
7 ~~care for persons with serious mental illness in the most appropriate,~~
8 ~~least restrictive level of care are necessary to achieve the desired~~
9 ~~performance outcomes.~~

10 ~~(4) Mental health service providers need to increase~~
11 ~~accountability and further develop methods to measure progress~~
12 ~~toward client outcome goals and cost effectiveness as required by~~
13 ~~a system of care.~~

14 ~~(b) The Legislature further finds that the adult system of care~~
15 ~~model, begun in the 1989-90 fiscal year through the~~
16 ~~implementation of Chapter 982 of the Statutes of 1988, provides~~
17 ~~models for parolees with serious mental illness that can meet the~~
18 ~~performance outcomes required by the Legislature.~~

19 ~~(c) The Legislature also finds that the system components~~
20 ~~established in adult systems of care are of value in providing~~
21 ~~greater benefit to parolees with serious mental illness at a lower~~
22 ~~cost in California.~~

23 ~~(d) Therefore, using the guidelines and principles developed~~
24 ~~under the demonstration projects implemented under the elder~~
25 ~~system of care legislation in 1989, it is the intent of the Legislature~~
26 ~~to accomplish the following:~~

27 ~~(1) Encourage the Department of Corrections and Rehabilitation~~
28 ~~Division of Adult Parole Operations to implement a system of care~~
29 ~~as described in this legislation for the delivery of mental health~~
30 ~~services to seriously mentally ill parolees.~~

31 ~~(2) To promote system of care accountability for performance~~
32 ~~outcomes that enable parolees with serious mental illness to reduce~~
33 ~~symptoms that impair their ability to live independently, work,~~
34 ~~maintain community supports, care for their children, stay in good~~
35 ~~health, not abuse drugs or alcohol, and not commit crimes.~~

36 ~~(3) Provide funds for mental health services and related~~
37 ~~medications, substance abuse services, supportive housing or other~~
38 ~~housing assistance, vocational rehabilitation, and other nonmedical~~
39 ~~programs necessary to stabilize mentally ill prisoners and parolees,~~
40 ~~reduce the risk of being homeless, get them off the street and into~~

1 ~~treatment and recovery, or to provide access to veterans' services~~
2 ~~that will also provide for treatment and recovery.~~

3 2687.1. *The Department of Corrections and Rehabilitation*
4 *shall create a pilot program to provide comprehensive mental*
5 *health and supportive services comparable to the case management*
6 *and services available under Section 5806 of the Welfare and*
7 *Institutions Code as set forth in this article to 100 parolees with*
8 *a serious mental illness in each of three separate parole regions.*
9 *First priority shall be given to parolees who, while incarcerated,*
10 *were deemed part of the Enhanced Outpatient Program who will*
11 *likely become homeless upon release. The second priority for*
12 *funding shall be given to remaining parolees who, while*
13 *incarcerated, were in the Enhanced Outpatient Program. The third*
14 *priority for funding shall be given to parolees who, while*
15 *incarcerated, were in the Correctional Clinical Case Management*
16 *System who will likely become homeless upon release. The fourth*
17 *priority for funding shall be given to remaining parolees who,*
18 *while incarcerated, were in the Correctional Clinical Case*
19 *Management System. Parolees who will likely become homeless*
20 *upon release are individuals who will lack an identified fixed,*
21 *regular, and adequate nighttime residence upon release or whose*
22 *only identified nighttime residence includes a supervised publicly*
23 *or privately operated shelter designed to provide temporary living*
24 *accommodations or a public or private place not designed for, or*
25 *ordinarily used as, a regular sleeping accommodation for human*
26 *beings.*

27 ~~2687.4.~~

28 2687.2. *The Department of Corrections and Rehabilitation in*
29 *consultation with the State Department of Mental Health shall*
30 *establish service standards that ensure that prisoners with a serious*
31 ~~*mental disorder, as defined in paragraph (2) of subdivision (b) of*~~
32 *mental illness, as defined in paragraphs (2) and (3) of subdivisions*
33 *(b) of Section 5600.3 of the Welfare and Institutions Code, are*
34 *identified, and services are provided to assist them to be able, upon*
35 *release, to live independently, work, and reach their potential as*
36 *productive citizens. The department shall provide annual oversight*
37 *of services pursuant to this part for compliance with these*
38 *standards.*

39 *These standards shall include, but are not limited to, all of the*
40 *following:*

- 1 (a) A service planning and delivery process that is target
2 population based and includes the following:
- 3 (1) Determination of the number of clients to be served and the
4 programs and services that will be provided to meet their needs.
- 5 (2) Plans for services, including design of mental health services,
6 coordination and access to medications, psychiatric and
7 psychological services, substance abuse services, supportive
8 housing or other housing assistance for parolees, vocational
9 rehabilitation, and veterans' services. Plans shall also contain
10 evaluation strategies that shall consider cultural, linguistic, gender,
11 age, and special needs of minorities in the target populations.
12 Provision shall be made for staff with the cultural background and
13 linguistic skills necessary to remove barriers to mental health
14 services due to limited-English-speaking ability and cultural
15 differences.
- 16 (3) Provisions for services to meet the needs of target population
17 clients who are physically disabled.
- 18 (4) Provision for services to meet the special needs of elder
19 adults.
- 20 (5) Provision for family support and consultation services,
21 parenting support and consultation services, and peer support or
22 self-help group support, if appropriate for the individual.
- 23 (6) Provision for services to be client-directed and that employ
24 psychosocial rehabilitation and recovery principles.
- 25 (7) Provision for psychiatric and psychological services that are
26 integrated with other services and for psychiatric and psychological
27 collaboration in overall service planning.
- 28 (8) Provision for services specifically directed to seriously
29 mentally ill young adults 25 years of age or younger who are at
30 significant risk of becoming homeless.
- 31 (9) Services reflecting special needs of women from diverse
32 cultural backgrounds, including supportive housing that accepts
33 children, personal services coordinator, therapeutic treatment, and
34 substance abuse treatment programs that address gender specific
35 trauma and abuse in the lives of persons with serious mental illness,
36 and vocational rehabilitation programs that offer job training
37 programs free of gender bias and sensitive to the needs of women.
- 38 (10) Provision for housing for parolees that is immediate,
39 transitional, or permanent.

1 (b) Each client shall have a clearly designated mental health
2 personal services coordinator who may be part of a
3 multidisciplinary treatment team who is responsible for providing
4 or assuring needed services. Responsibilities include complete
5 assessment of the client's needs, development of the client's
6 personal services plan, linkage with all appropriate community
7 services, monitoring of the quality and followthrough of services,
8 and necessary advocacy to ensure each client receives those
9 services that are agreed to in the personal services plan. Each client
10 shall participate in the development of his or her personal services
11 plan, and responsible staff shall consult with the designated
12 conservator, if one has been appointed, and, with the consent of
13 the client, consult with the family and other significant persons as
14 appropriate.

15 (c) The individual personal services plan shall ensure that
16 members of the target population involved in the system of care
17 receive age, gender, and culturally appropriate services, to the
18 extent feasible, that are designed to enable recipients upon release
19 to:

20 (1) Live in the most independent, least restrictive housing
21 feasible in the local community, and, for clients with children, to
22 live in a supportive housing environment that strives for
23 reunification with their children or assists clients in maintaining
24 custody of their children as is appropriate.

25 (2) Engage in the highest level of work or productive activity
26 appropriate to their abilities and experience.

27 (3) Create and maintain a support system consisting of friends,
28 family, and participation in community activities.

29 (4) Access an appropriate level of academic education or
30 vocational training.

31 (5) Obtain an adequate income.

32 (6) Self-manage their serious mental illness and exert as much
33 control as possible over both the day-to-day and long-term
34 decisions that affect their lives.

35 (7) Access necessary physical health care and maintain the best
36 possible physical health.

37 (8) Reduce or eliminate serious antisocial or criminal behavior
38 and thereby reduce or eliminate their contact with the criminal
39 justice system.

(9) Reduce or eliminate the distress caused by the symptoms of mental illness.

(10) Have freedom from dangerous addictive substances.

(d) The individual personal services plan shall describe the service array that meets the requirements of subdivision (c), and to the extent applicable to the individual, the requirements of subdivision (a).

~~2687.5. The State Department of Mental Health shall continue to work with the Department of Corrections and Rehabilitation and other interested parties to refine and establish client and cost outcome and interagency collaboration goals including the expected level of attainment with participating counties. These outcome measures should include specific objectives addressing the following goals:~~

~~(a) Client benefit outcomes.~~

~~(b) Client and family member satisfaction.~~

~~(c) System of care access.~~

~~(d) Cost savings, cost avoidance, and cost-effectiveness outcomes that measure short-term or long-term cost savings and cost avoidance achieved in public sector expenditures to the target population.~~

~~2687.6. The State Department of Mental Health shall provide training consultation, and technical assistance to the Department of Corrections and Rehabilitation. This training, consultation, and technical assistance shall include:~~

~~(a) Efforts to ensure that all of the different programs are operating as well as they can.~~

~~(b) Information on which programs are having particular success in particular areas so that they can be replicated in other counties.~~

~~(c) Technical assistance to facilities in their first two years of participation to ensure quality and cost-effective service.~~

~~2687.7.~~

2687.3. Services shall be available to parolees who have serious mental illness who meet the eligibility criteria in subdivisions (b) and (c) of Section 5600.3 of the Welfare and Institutions Code.

(a) Funding shall be provided at sufficient levels to ensure that each facility and parolee center can provide each parolee served pursuant to this part with the medically necessary mental health services, medications, and supportive services set forth in the applicable treatment plan: *services, medically necessary*

1 *medications to treat serious mental illnesses, alcohol and drug*
2 *services, transportation, supportive housing and other housing*
3 *assistance, vocational rehabilitation and supported employment*
4 *services, money management assistance for accessing other health*
5 *care and obtaining federal income and housing support, accessing*
6 *veterans' services, stipends, and other incentives to attract and*
7 *retain sufficient numbers of qualified professionals as necessary*
8 *to provide the necessary levels of these services. This program*
9 *shall, however, pay for only that portion of the costs of those*
10 *services not otherwise provided by federal funds or other state*
11 *funds and other supportive services set forth in the applicable*
12 *treatment plan.*

13 (b) The funding shall only cover the portions of those costs of
14 services that cannot be paid for with other funds including other
15 mental health funds, public and private insurance, and other local,
16 state, and federal funds.

17 (c) The Department of Corrections and Rehabilitation Division
18 of Adult Parole Operations shall provide for services in accordance
19 with the system of care for parolees who meet the eligibility criteria
20 in subdivisions (b) and (c) of Section 5600.3 of the Welfare and
21 Institutions Code.

22 (d) Planning for services shall be consistent with the following
23 philosophies, principles, and practices:

24 (1) To promote concepts key to the recovery for individuals
25 who have serious mental illness: hope, personal empowerment,
26 respect, social connections, self-responsibility, and
27 self-determination.

28 (2) To promote consumer operated services as a way to support
29 recovery.

30 (3) To reflect the cultural, ethnic, and racial diversity of mental
31 health consumers.

32 (4) To plan for each consumer's individual needs.

33 (e) *In order to develop comprehensive case management plans*
34 *consistent with the Mental Health Services Continuum Program,*
35 *the department shall establish prison in-reach protocols that*
36 *include collaboration and cooperation with service providers who*
37 *are likely to serve program participants in the designated counties.*
38 *Prior to the release of each program participant, the department*
39 *shall work with each participant, the relevant integrated service*

1 provider, the relevant housing provider, and other relevant
2 providers to develop a discharge plan that includes:

3 (1) Stable and affordable housing that is appropriate to serve
4 the individual's needs, including permanent supportive housing
5 where necessary. In the event that permanent affordable housing
6 is not available, a participant may be placed in transitional
7 supportive housing, and the integrated service provider selected
8 pursuant to subdivision (d) shall develop a plan to place the
9 participant in permanent supportive housing before the end of the
10 parole period.

11 (2) Job placement or application for federal or state benefit
12 entitlements including, but not limited to, Social Security Disability
13 Insurance, Supplemental Security Income, veterans' benefits,
14 CalWORKs, Medicaid, food stamps or general relief with the goal
15 of income or benefits being available immediately upon release.

16 (3) Application for federally, state, or locally funded housing
17 assistance programs.

18 (4) Obtainment of state-issued identification.

19 ~~2687.8.~~

20 2687.4. (a) The Department of Corrections and Rehabilitation
21 shall establish an advisory committee for the purpose of providing
22 advice regarding the development of the identification of specific
23 performance measures for evaluating the effectiveness of programs.
24 The committee shall review evaluation reports and make findings
25 on evidence-based best practices and recommendations. At not
26 less than one meeting annually, the advisory committee shall
27 provide to the department written comments on the performance
28 of each of the programs.

29 (b) The committee shall include, but not be limited to,
30 representatives from state, county, and community veterans'
31 services and disabled veterans outreach programs, supportive
32 housing and other housing assistance programs, law enforcement,
33 county mental health and private providers of local mental health
34 services and mental health outreach services, the Board of
35 Corrections, the State Department of Alcohol and Drug Programs,
36 local substance abuse services providers, the Department of
37 Rehabilitation, providers of local employment services, the State
38 Department of Social Services, the Department of Housing and
39 Community Development, a service provider to transition youth,
40 the United Advocates for Children of California, the California

1 Mental Health Advocates for Children and Youth, the Mental
2 Health Association of California, ~~the California Alliance for the~~
3 ~~Mentally III~~ National Alliance on Mental Illness (NAMI)
4 California, the California Network of Mental Health Clients, the
5 Mental Health Planning Council, and other appropriate entities.

6 *(c) In consultation with the advisory committee the department*
7 *shall report to the Legislature on or before May 1 of each year in*
8 *which additional funding is provided, and shall evaluate, at a*
9 *minimum, the effectiveness of the strategies for parolees in*
10 *reducing homelessness, recidivism, involvement with local law*
11 *enforcement, and other measures identified by the department.*
12 *The evaluation shall include for each program funded in the*
13 *current fiscal year as much of the following as available*
14 *information permits:*

15 *(1) The number of persons served, and of those, the number*
16 *who receive extensive community mental health services.*

17 *(2) The number of persons who are able to maintain housing,*
18 *including the type of housing and whether it is emergency,*
19 *transitional, or permanent housing, as defined by the department.*

20 *(3) (A) The amount of funding spent on each type of housing.*

21 *(B) Other local, state, or federal funds or programs used to*
22 *house clients.*

23 *(4) The number of persons with contacts with local law*
24 *enforcement and the extent to which local and state incarceration*
25 *has been reduced or avoided.*

26 *(5) The number of persons participating in employment service*
27 *programs including competitive employment.*

28 *(6) The amount of hospitalization that has been reduced or*
29 *avoided.*

30 *(7) The extent to which veterans identified through these*
31 *programs' outreach are receiving federally funded veterans'*
32 *services for which they are eligible.*

33 *(8) The extent to which programs funded for three or more years*
34 *are making a measurable and significant difference on the street,*
35 *in hospitals, and in jails, as compared to other programs and in*
36 *previous years.*

37 *(d) For purposes of this section, the department may receive*
38 *technical assistance from the State Department of Mental Health.*

39 ~~2687.9. The criteria for the funding for each program shall~~
40 ~~include, but not be limited to, all of the following:~~

1 (a) A description of a comprehensive strategic plan for providing
2 prevention, intervention, and evaluation in a cost appropriate
3 manner.

4 (b) A description of the population to be served, ability to
5 administer an effective service program, and the degree to which
6 local agencies and advocates will support and collaborate with
7 program efforts for parolees.

8 (c) A description of efforts to maximize the use of other state,
9 federal, and local funds or services that can support and enhance
10 the effectiveness of these programs.

11 2687.10. In order to reduce the cost of providing supportive
12 housing for clients, parolee outpatient clinics shall enter into
13 contracts with sponsors of supportive housing projects to the
14 greatest extent possible. Centers are encouraged to commit a
15 portion of their funds to rental assistance.

16 (a) In consultation with the advisory committee established
17 pursuant to subdivision (a) of Section 2687.8, the department shall
18 report to the Legislature on or before May 1 of each year in which
19 additional funding is provided, and shall evaluate, at a minimum,
20 the effectiveness of the strategies for parolees in reducing
21 homelessness, recidivism, involvement with local law enforcement,
22 and other measures identified by the department. The evaluation
23 shall include for each program funded in the current fiscal year as
24 much of the following as available information permits:

25 (1) The number of persons served, and of those, the number
26 who receive extensive community mental health services.

27 (2) The number of persons who are able to maintain housing,
28 including the type of housing and whether it is emergency,
29 transitional, or permanent housing, as defined by the department.

30 (3) (A) The amount of funding spent on each type of housing.

31 (B) Other local, state, or federal funds or programs used to house
32 clients.

33 (4) The number of persons with contacts with local law
34 enforcement and the extent to which local and state incarceration
35 has been reduced or avoided.

36 (5) The number of persons participating in employment service
37 programs including competitive employment.

38 (6) The amount of hospitalization that has been reduced or
39 avoided.

1 ~~(7) The extent to which veterans identified through these~~
2 ~~programs' outreach are receiving federally funded veterans'~~
3 ~~services for which they are eligible.~~

4 ~~(8) The extent to which programs funded for three or more years~~
5 ~~are making a measurable and significant difference on the street,~~
6 ~~in hospitals, and in jails, as compared to other programs and in~~
7 ~~previous years.~~

8 ~~(b) Each facility shall be subject to specific terms and conditions~~
9 ~~of oversight and training that shall be developed by the department,~~
10 ~~in consultation with the advisory committee.~~

11 ~~(c) (1) As used in this part, "receiving extensive mental health~~
12 ~~services" means having a personal services coordinator, as~~
13 ~~described in subdivision (b) of Section 5806, and having an~~
14 ~~individual personal service plan, as described in subdivision (c)~~
15 ~~of Section 5806.~~

16 ~~(2) The funding provided pursuant to this article shall be~~
17 ~~sufficient to provide mental health services, medically necessary~~
18 ~~medications to treat serious mental illnesses, alcohol and drug~~
19 ~~services, transportation, supportive housing and other housing~~
20 ~~assistance, vocational rehabilitation and supported employment~~
21 ~~services, money management assistance for accessing other health~~
22 ~~care and obtaining federal income and housing support, accessing~~
23 ~~veterans' services, stipends, and other incentives to attract and~~
24 ~~retain sufficient numbers of qualified professionals as necessary~~
25 ~~to provide the necessary levels of these services. This program~~
26 ~~shall, however, pay for only that portion of the costs of those~~
27 ~~services not otherwise provided by federal funds or other state~~
28 ~~funds.~~

29 ~~(3) Methods to contract for services pursuant to paragraph (2)~~
30 ~~shall promote prompt and flexible use of funds, consistent with~~
31 ~~the scope of services for which the department has contracted with~~
32 ~~each provider.~~

33 ~~2687.11.~~

34 ~~2687.5. The department may contract with counties or private~~
35 ~~providers for the provision of any of the services described in this~~
36 ~~article. *Methods to contract for services pursuant to paragraph*~~
37 ~~*(2) of subdivision (c) of Section 2687.4 shall promote prompt and*~~
38 ~~*flexible use of funds, consistent with the scope of services for which*~~
39 ~~*the department has contracted with each provider.*~~

40 ~~SEC. 5. Section 2982 is added to the Penal Code, to read:~~

~~2982. (a) At least six months before discharge of a prisoner with a serious mental illness, the Department of Corrections and Rehabilitation shall apply for social security, Medi-Cal benefits for those considered disabled, and veteran's benefits for those eligible, as well as beginning vocational training, independent living assistance, and development of other skills necessary for success during parole and afterward.~~

~~(b) In the last 90 days before release of a prisoner with a serious mental illness, the department shall coordinate with a program that will continue the medications and support services provided to the prisoner by the department during parole, after the period of incarceration.~~

~~(c) This section shall also apply to a prisoner under the jurisdiction of a State Department of Mental Health facility pursuant to Section 2684.~~

~~SEC. 6.~~

~~SEC. 4.~~ Section 5806 of the Welfare and Institutions Code is amended to read:

5806. The State Department of Mental Health shall establish service standards that ensure that members of the target population are identified, and services provided to assist them to live independently, work, and reach their potential as productive citizens. The department shall provide annual oversight of grants issued pursuant to this part for compliance with these standards. These standards shall include, but are not limited to, all of the following:

(a) A service planning and delivery process that is target population based and includes the following:

(1) Determination of the numbers of clients to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic and citizen constituency groups as determined by the director.

(2) Plans for services, including outreach to individuals *who will be eligible for services under this section after* successfully completing parole, mental health courts, and families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuse services, supportive

1 housing or other housing assistance, vocational rehabilitation, and
2 veterans' services. Plans shall also contain evaluation strategies,
3 that shall consider cultural, linguistic, gender, age, and special
4 needs of minorities in the target populations. Provision shall be
5 made for staff with the cultural background and linguistic skills
6 necessary to remove barriers to mental health services due to
7 limited-English-speaking ability and cultural differences.
8 Recipients of outreach services may include families, the public,
9 primary care physicians, police, sheriffs, judges, and others who
10 are likely to come into contact with individuals who may be
11 suffering from an untreated severe mental illness who would be
12 likely to become homeless if the illness continued to be untreated
13 for a substantial period of time. Outreach to adults may include
14 adults voluntarily or involuntarily hospitalized as a result of a
15 severe mental illness.

16 (3) Provisions for services to meet the needs of target population
17 clients who are physically disabled.

18 (4) Provision for services to meet the special needs of older
19 adults.

20 (5) Provision for family support and consultation services,
21 parenting support and consultation services, and peer support or
22 self-help group support, where appropriate for the individual.

23 (6) Provision for services to be client-directed and that employ
24 psychosocial rehabilitation and recovery principles.

25 (7) Provision for psychiatric and psychological services that are
26 integrated with other services and for psychiatric and psychological
27 collaboration in overall service planning.

28 (8) Provision for services specifically directed to seriously
29 mentally ill young adults 25 years of age or younger who are
30 homeless or at significant risk of becoming homeless. These
31 provisions may include continuation of services that would still
32 be received through other funds had eligibility not been terminated
33 due to age.

34 (9) Services reflecting special needs of women from diverse
35 cultural backgrounds, including supportive housing that accepts
36 children, personal services coordinator therapeutic treatment, and
37 substance *abuse* treatment programs that address gender specific
38 trauma and abuse in the lives of persons with mental illness, and
39 vocational rehabilitation programs that offer job training programs
40 free of gender bias and sensitive to the needs of women.

1 (10) Provision for housing for clients that is immediate,
2 transitional, permanent, or all of these.

3 (11) Provision for clients who have been suffering from an
4 untreated severe mental illness for less than one year, and who do
5 not require the full range of services but are at risk of becoming
6 homeless unless a comprehensive individual and family support
7 services plan is implemented. These clients shall be served in a
8 manner that is designed to meet their needs.

9 (b) Each client shall have a clearly designated mental health
10 personal services coordinator who may be part of a
11 multidisciplinary treatment team who is responsible for providing
12 or assuring needed services. Responsibilities include complete
13 assessment of the client's needs, development of the client's
14 personal services plan, linkage with all appropriate community
15 services, monitoring of the quality and followthrough of services,
16 and necessary advocacy to ensure each client receives those
17 services which are agreed to in the personal services plan. Each
18 client shall participate in the development of his or her personal
19 services plan, and responsible staff shall consult with the designated
20 conservator, if one has been appointed, and, with the consent of
21 the client, consult with the family and other significant persons as
22 appropriate.

23 (c) The individual personal services plan shall ensure that
24 members of the target population involved in the system of care
25 receive age, gender, and culturally appropriate services, to the
26 extent feasible, that are designed to enable recipients to:

27 (1) Live in the most independent, least restrictive housing
28 feasible in the local community, and, for clients with children, to
29 live in a supportive housing environment that strives for
30 reunification with their children or assists clients in maintaining
31 custody of their children as is appropriate.

32 (2) Engage in the highest level of work or productive activity
33 appropriate to their abilities and experience.

34 (3) Create and maintain a support system consisting of friends,
35 family, and participation in community activities.

36 (4) Access an appropriate level of academic education or
37 vocational training.

38 (5) Obtain an adequate income.

1 (6) Self-manage their illness and exert as much control as
2 possible over both the day-to-day and long-term decisions which
3 affect their lives.

4 (7) Access necessary physical health care and maintain the best
5 possible physical health.

6 (8) Reduce or eliminate serious antisocial or criminal behavior
7 and thereby reduce or eliminate their contact with the criminal
8 justice system.

9 (9) Reduce or eliminate the distress caused by the symptoms of
10 mental illness.

11 (10) Have freedom from dangerous addictive substances.

12 (d) The individual personal services plan shall describe the
13 service array that meets the requirements of subdivision (c), and
14 to the extent applicable to the individual, the requirements of
15 subdivision (a).

16 ~~SEC. 7.~~

17 *SEC. 5.* Section 5814 of the Welfare and Institutions Code is
18 amended to read:

19 5814. (a) (1) This part shall be implemented only to the extent
20 that funds are appropriated for purposes of this part. To the extent
21 that funds are made available, the first priority shall go to maintain
22 funding for the existing programs that meet adult system of care
23 contract goals. ~~The next second~~ priority for funding shall be given
24 to counties with a high incidence of persons who are severely
25 mentally ill and homeless or at risk of homelessness, and meet the
26 criteria developed pursuant to paragraphs (3) and (4). ~~The next~~
27 ~~third priority for funding, including the funding pursuant to Section~~
28 ~~5892, shall be for the establishment of capacity for all counties to~~
29 ~~be able to serve everyone who meets the criteria for this part who~~
30 ~~are subject to arrest or hospitalization, discharged from a hospital~~
31 ~~or jail, or successfully completing parole. priority for funding shall~~
32 ~~be for those who are discharged from a jail or have successfully~~
33 ~~completed parole.~~

34 (2) The director shall establish a methodology for awarding
35 grants under this part consistent with the legislative intent
36 expressed in Section 5802, and in consultation with the advisory
37 committee established in this subdivision.

38 (3) (A) The director shall establish an advisory committee for
39 the purpose of providing advice regarding the development of
40 criteria for the award of grants, and the identification of specific

1 performance measures for evaluating the effectiveness of grants.
2 The committee shall review evaluation reports and make findings
3 on evidence-based best practices and recommendations for grant
4 conditions. At not less than one meeting annually, the advisory
5 committee shall provide to the director written comments on the
6 performance of each of the county programs. Upon request by the
7 department, each participating county that is the subject of a
8 comment shall provide a written response to the comment. The
9 department shall comment on each of these responses at a
10 subsequent meeting.

11 (B) The committee shall include, but not be limited to,
12 representatives from state, county, and community veterans'
13 services and disabled veterans outreach programs, supportive
14 housing and other housing assistance programs, law enforcement,
15 county mental health and private providers of local mental health
16 services and mental health outreach services, the Board of
17 Corrections, the State Department of Alcohol and Drug Programs,
18 local substance abuse services providers, the Department of
19 Rehabilitation, providers of local employment services, the State
20 Department of Social Services, the Department of Housing and
21 Community Development, a service provider to transition youth,
22 the United Advocates for Children of California, the California
23 Mental Health Advocates for Children and Youth, the Mental
24 Health Association of California, the California Alliance for the
25 Mentally Ill, the California Network of Mental Health Clients, the
26 Mental Health Planning Council, and other appropriate entities.

27 (4) The criteria for the award of grants shall include, but not be
28 limited to, all of the following:

29 (A) A description of a comprehensive strategic plan for
30 providing outreach, prevention, intervention, and evaluation in a
31 cost appropriate manner corresponding to the criteria specified in
32 subdivision (c).

33 (B) A description of the local population to be served, ability
34 to administer an effective service program, and the degree to which
35 local agencies and advocates will support and collaborate with
36 program efforts.

37 (C) A description of efforts to maximize the use of other state,
38 federal, and local funds or services that can support and enhance
39 the effectiveness of these programs.

(5) In order to reduce the cost of providing supportive housing for clients, counties that receive a grant pursuant to this part after January 1, 2004, shall enter into contracts with sponsors of supportive housing projects to the greatest extent possible. Participating counties are encouraged to commit a portion of their grants to rental assistance for a specified number of housing units in exchange for the counties' clients having the right of first refusal to rent the assisted units.

(b) In each year in which additional funding is provided by the annual Budget Act, the department shall establish programs that offer individual counties sufficient funds to comprehensively serve severely mentally ill adults who are homeless, recently released from a county jail or the state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them, and who are severely mentally ill adults. For purposes of this subdivision, "severely mentally ill adults" are those individuals described in subdivision (b) of Section 5600.3. In consultation with the advisory committee established pursuant to paragraph (3) of subdivision (a), the department shall report to the Legislature on or before May 1 of each year in which additional funding is provided, and shall evaluate, at a minimum, the effectiveness of the strategies in providing successful outreach and reducing homelessness, involvement with local law enforcement, and other measures identified by the department. The evaluation shall include for each program funded in the current fiscal year as much of the following as available information permits:

(1) The number of persons served, and of those, the number who receive extensive community mental health services.

(2) The number of persons who are able to maintain housing, including the type of housing and whether it is emergency, transitional, or permanent housing, as defined by the department.

(3) (A) The amount of grant funding spent on each type of housing.

(B) Other local, state, or federal funds or programs used to house clients.

(4) The number of persons with contacts with local law enforcement and the extent to which local and state incarceration has been reduced or avoided.

1 (5) The number of persons participating in employment service
2 programs including competitive employment.

3 (6) The number of persons contacted in outreach efforts who
4 appear to be severely mentally ill, as described in Section 5600.3,
5 who have refused treatment after completion of all applicable
6 outreach measures.

7 (7) The amount of hospitalization that has been reduced or
8 avoided.

9 (8) The extent to which veterans identified through these
10 programs' outreach are receiving federally funded veterans'
11 services for which they are eligible.

12 (9) The extent to which programs funded for three or more years
13 are making a measurable and significant difference on the street,
14 in hospitals, and in jails, as compared to other counties or as
15 compared to those counties in previous years.

16 (10) For those who have been enrolled in this program for at
17 least two years and who were enrolled in Medi-Cal prior to, and
18 at the time they were enrolled in, this program, a comparison of
19 their Medi-Cal hospitalizations and other Medi-Cal costs for the
20 two years prior to enrollment and the two years after enrollment
21 in this program.

22 (11) The number of persons served who were and were not
23 receiving Medi-Cal benefits in the 12-month period prior to
24 enrollment and, to the extent possible, the number of emergency
25 room visits and other medical costs for those not enrolled in
26 Medi-Cal in the prior 12-month period.

27 (c) To the extent that state savings associated with providing
28 integrated services for the mentally ill are quantified, it is the intent
29 of the Legislature to capture those savings in order to provide
30 integrated services to additional adults.

31 (d) Each project shall include outreach and service grants in
32 accordance with a contract between the state and approved counties
33 that reflects the number of anticipated contacts with people who
34 are homeless or at risk of homelessness, and the number of those
35 who are severely mentally ill and who are likely to be successfully
36 referred for treatment and will remain in treatment as necessary.

37 (e) All counties that receive funding shall be subject to specific
38 terms and conditions of oversight and training which shall be
39 developed by the department, in consultation with the advisory
40 committee.

1 (f) (1) As used in this part, “receiving extensive mental health
2 services” means having a personal services coordinator, as
3 described in subdivision (b) of Section 5806, and having an
4 individual personal service plan, as described in subdivision (c)
5 of Section 5806.

6 (2) The funding provided pursuant to this part shall be sufficient
7 to provide mental health services, medically necessary medications
8 to treat severe mental illnesses, alcohol and drug services,
9 transportation, supportive housing and other housing assistance,
10 vocational rehabilitation and supported employment services,
11 money management assistance for accessing other health care and
12 obtaining federal income and housing support, accessing veterans’
13 services, stipends, and other incentives to attract and retain
14 sufficient numbers of qualified professionals as necessary to
15 provide the necessary levels of these services. These grants shall,
16 however, pay for only that portion of the costs of those services
17 not otherwise provided by federal funds or other state funds.

18 (3) Methods used by counties to contract for services pursuant
19 to paragraph (2) shall promote prompt and flexible use of funds,
20 consistent with the scope of services for which the county has
21 contracted with each provider.

22 (g) Contracts awarded pursuant to this part shall be exempt from
23 the Public Contract Code and the state administrative manual and
24 shall not be subject to the approval of the Department of General
25 Services.

26 (h) Notwithstanding any other provision of law, funds awarded
27 to counties pursuant to this part and Part 4 (commencing with
28 Section 5850) shall not require a local match in funds.

29 SEC. 8. No reimbursement is required by this act pursuant to
30 Section 6 of Article XIII B of the California Constitution for certain
31 costs that may be incurred by a local agency or school district
32 because, in that regard, this act creates a new crime or infraction,
33 eliminates a crime or infraction, or changes the penalty for a crime
34 or infraction, within the meaning of Section 17556 of the
35 Government Code, or changes the definition of a crime within the
36 meaning of Section 6 of Article XIII B of the California
37 Constitution.

38 However, if the Commission on State Mandates determines that
39 this act contains other costs mandated by the state, reimbursement
40 to local agencies and school districts for those costs shall be made

1 pursuant to Part 7 (commencing with Section 17500) of Division
 2 4 of Title 2 of the Government Code.

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5 **CORRECTIONS:**

6 **Text—Page 10.**

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